OFFICE OF SECRETARY OF DEFENSE **CONTRACT COMPLETION AND EVALUATION REPORT** (If additional space is required, attach separate sheet and identify by item number) 1. OSD/OJCS REQUESTING ACTIVITY ANNUAL PLAN NUMBER | 2. CONTRACT NUMBER 3. DATE CONTRACT COMPLETED (YYMMDD) 4. CONTRACT TITLE 5. NAME OF CONTRACTOR 6a. USE/EVALUATION/IMPACT. HOW WAS THE STUDY AND/OR RESULTS USED BY THE REQUESTING ORGANIZATION? (Be specific and define impact.) 6b. USER IMPACT CODE 6c. IF RESULTS WERE NOT USED, EXPLAIN 7. WAS COMPLETION OF CONTRACT REPORTED TO THE DEFENSE TECHNICAL INFORMATION CENTER (DTIC)? (X one) NO, WHY NOT? YES 8. APPROVING OFFICIAL (Reference Al54) b. ORGANIZATION NAME a. TYPED NAME (Last, First, Middle Initial) c. SIGNATURE d. DATE SIGNED (YYMMDD)

SD FORM 419-1 INSTRUCTIONS

This form is to be placed in the contract file, and copies of all 419-1 forms for each contract completed in the fiscal year sent to the OSD Study Coordinator, Pentagon Room 3B154 on December 31 following the end of the previous fiscal year.

Block 1: Enter the OSD/OJCS Component Planning Identification number which in most cases will be the same number entered in Block 1 of the original 419 used to procure this contract study.

Block 2: Enter the contract number.

<u>Block 3</u>: Enter the date the contract was completed.

Block 4: Enter title of contract.

Block 5: Enter name of contractor and any comments about the contractor's performance and quality of the product.

Block 6a: Provide a specific written explanation of how the study and its findings, conclusions, or results were used by the sponsoring organization, i.e., what impact did the study have?

Block Enter no more than 3 of the following codes to describe contract study's impact.

Use a "0" if results were useless or effort deemed a failure.

Use a "1" if corrected, identified, or solved a vulnerability, deficiency, weakness or unexpected problem.

Use a "2" if improved or changed, operations, organization, administrative or management procedures.

Use a "3" if led to new ideas, knowledge, insight about a difficult issue, subject or program, product/ approaches, or methods.

Use a "4" if results increased/improved effective- ness, efficiency, productivity, or resulted in savings. <u>If this can be quantified, please do so and specify.</u>

Use a "5" if results evaluated confidence in system parameters.

Use a "6" if results provided better guidance or information to the Services, or new guidance in "PPBS" documents.

Use a "7" if results validated military requirements, tactics, strategy or doctrine.

Use a "8" if results provided a rationale and priority for support policy, program, budget, administration or acquisition document decision making.

Use a "9" if results analyzed options and alternatives to support policy, program, budget, administration or acquisition decision making.

Use a "10" if results identified longer term issues and problems.

Use an "11" if results surfaced unexpected or unanticipated problems.

Use a "12" if contract terminated prior to completion.

Block 6c: Be specific and explain why the results were not used, or the study had no impact, e.g., requirement OBE, requirement changed, new priorities, COTR changed, subject matter or work statement inappropriate, ambiguous, misleading or otherwise flawed, etc. Make sure that user impact code (Block 6b) is filled in and consistent with any entry made here.

Attach completed DD Form 1498 with this report when submitting to OSD Study Coordinator. OSD Study Coordinator will submit DD Form 1498 to Defense Technical Information Center (DTIC).

Obtain approval from appropriate authority as specified in Al No. 54. Should be the same individual (incum- bent or successor) who approved the original SD Form 419.